

## Attachment B

**TIER II FAMILY SHELTERS AND TEMPORARY HOUSING  
SERVICE AND BI-WEEKLY PLAN/INDEPENDENT LIVING PLAN FOR FAMILIES  
INSTRUCTION SHEET C51**

State regulations 18 NYCRR 900.10 and 352.35 require the development of either a written service plan (SP) or an Independent Living Plan (ILP) for families residing in temporary housing, including Tier II shelters. Both the SP and ILP are designed to help the family gain self-sufficiency and move to housing other than temporary housing. Since both the SP and ILP are designed to address the same objectives, the Office of Temporary and Disability Assistance (OTDA) requires the development of only one type of plan. The Model Plan has been designed to meet the requirements of both the SP and ILP.

The SP or ILP must be completed within 10 days of a family's admission to the facility. OTDA emphasizes that an intake and assessment of service needs should be completed within **48 hours** of the family's admission to the facility. The assessment describes the family's short and long term needs. This assessment is the basis for the development of the family's SP or ILP. The family's needs should be prioritized in the plan in the order of importance, the family's ability to accomplish the stated objective and the availability of necessary support services to achieve the desired outcomes. The facility or social services district (in those instances where the district completes the ILP) must document all direct and indirect services to be provided, as well as all service referrals, via the SP or ILP.

The family must cooperate in developing, carrying out and completing the plan. Each family must be provided with a copy of the initial plan, and subsequent revisions.

The plan must be reviewed with the family on a bi-weekly basis and revised as necessary. Staff completing the SP/ILP must document the provision of services to the family, including referrals **within 30 days** of the assessed need of the family, as outlined in 900.15(c)(4)(v) (**Rev. 10/02**).

Any modification, digital or hard copied, to this form must be approved by OTDA. OTDA staff is available for consultation and advisement regarding the use of this plan. Copies of this plan are on diskettes or CD's, request must be submitted to the Bureau of Shelter Services (**Rev. 10/02**).

**INSTRUCTIONS**

- Today's Date:** Enter the date the plan is developed with the family.
- Facility Name:** Enter the name of the facility providing service.
- Client's Name:** Enter the head of household's name.
- Apt. #:** Enter the family's assigned room or apartment number.
- Initial Service/  
Independent Living Plan:** Enter a check mark in the box to indicate if the plan is an Initial Service Plan/ILP.
- Bi-weekly Review:** Enter a check mark in the box to indicate if plan is a Bi-weekly Review or Revised plan.
- Date of Admission:** Enter the date the family entered the facility.

**Other Adult(s):** Enter the name of any other adult who is residing in the facility and who is listed in the household case file or on the client's budget.

**Family Comp.:** Enter the total adults/total number of children in the family.

**PA # or HRA #:** Enter the head of household's Public Assistance or HRA (NYC only) number. The HRA number is twelve digits and may contain an additional two-digit suffix.

**S.S. #:** Enter the head of household's social security number.

**OTHER #:** Enter other Identification Number for the head of household if necessary.

**P.A. Status:** Enter a check mark in the appropriate box to indicate if the family's case is currently Open, Closed, Pending, Ineligible or Sanctioned. Note: the sanctioned box should be checked when one or more family members are sanctioned.

**Housing Certified:** Enter a check mark in this box only if the family is currently approved or certified for permanent housing.

**Housing Type:** Enter the type of housing for which the family is currently approved or certified for. For example, EARP, set-a-side, NYCHA, SIP, (these are NYC only), Public Housing, Section 8 or other types of housing.

**Client's First Name:** Enter the first name of the family member identified as having a service need. For example, "Sam".

**Service Need:** Enter the type of service needs from the "Type of Service Needs Review Checklist". For example, "Employment".

**Task Description (Client/ Staff Responsibility):** Enter a description of the task that needs to be accomplished in order to address the service need. Include in the description the name or title of the individual responsible for carrying out the task. For example, the tasks may be a "Caseworker to make employment referral to FECS" or "Ms. Jackson to contact Dr. Pierson re: Jonathan's asthma" or "Ms. Jackson to start GED program" or "Housing Specialist to contact broker regarding apartment at 217 Brook Avenue, Bronx".

**Service Provider/Agency:** Enter the name of the service provider or agency that the client will be referred to or is currently being serviced. For example, "Bank of NY."

**Start Date:** Enter the date when the client or staff began the specific task. The date is to be entered on the previous SP/ILP if applicable. For example, 9/10/00 is the date that the school age child began school that he or she is currently attending. If the school age child transfers to a local school then the date that they started at the local school is to be entered. (Rev. 12/04)

<b>Completion Date:</b>	There are four possible entries for this item. If the client or staff completed the task, enter the actual date, e.g., "2/20/00". If the client or staff is currently engaged in a task, enter "Active". If the client or staff did not complete the task but may continue the task at a future time, enter "NC". If a task has been discontinued, enter "D". The previous SP/ILP must be used to enter the status of the tasks. This will eliminate the need to carry forward tasks that have been completed or discontinued.
<b>Types of Service Needs Checklist:</b>	The checklist consists of an inventory of 17 services that frequently are needs of homeless families. At a minimum, these needs should be discussed with the family during assessment, in developing the SP/ILP and at bi-weekly reviews and at any other time the caseworker determines to be appropriate. The caseworker should prioritize each service need in the order of its importance in assisting the family to achieve self-sufficiency and housing objectives.
<b>Housing:</b>	A primary objective of a family shelter is to assist families in securing housing other than temporary housing. The Housing Specialist, with the assistance of the client's Caseworker, must develop a plan to provide housing assistance. This may require the development of housing resources. All families must file for all available housing assistance. Families must also actively look for housing on their own.
<b>Child Care/Rec:</b>	Child care and recreation services may be provided on site or off-site. Families with children ages 2 months through 5 years may be eligible for child care. Children 6 years and older are eligible for recreation services. Both services must be available to families if they are verifiably seeking housing, employment, job training or education. If these families are receiving public assistance, they may be entitled to guaranteed child care assistance while they seek employment or participate in job training and education. Child care assistance is not limited to recreation.
<b>Counseling:</b>	Counseling services include the provision of therapeutic or non-therapeutic services provided by qualified personnel. For example, services provided by a psychiatrist, a substance abuse counselor, a psychologist, a caseworker, a social worker or a therapist.
<b>Education:</b>	Education includes an adult resident actively seeking admittance to or enrolled in a certified program or an educational institution. For example, GED or ESL. Education for children includes any service required to address the educational needs of children.
<b>Job Training:</b>	Job training for adults includes a resident actively seeking entry into a job training program, or engaged in a certified job training program designed to assist the client in becoming self-sufficient. For example, LDSS approved trade schools or employment training programs.
<b>Employment:</b>	Employment for adults includes a resident actively seeking or engaged in gainful employment either part time or full time.
<b>Benefits:</b>	Includes addressing the family's application and continued eligibility for P.A., Medicaid, SSI, Food Stamps, WIC or other benefits.

<b>Child Welfare:</b>	Includes apparent social and physical needs of children, including services to address child abuse or neglect, or protective/preventive services program involvement.
<b>Medical:</b>	Includes any medical care needed by the family. Families who are new to the district's temporary housing system must have a preliminary health examination upon entry to the facility, or within 24 hours of admission. Families transferring within the district's system must have documentation of a current (less than one year old) health examination. If the family or medical examiner requests additional tests or examinations, the facility must assist the client in securing the needed care. It should be noted if a person is disabled and some reasonable accommodation for the disability is needed.
<b>Parenting Skills:</b>	Includes services that will enhance the family's ability to adequately address the needs of their children. These services may address a parent's skill in providing appropriate discipline, medical care, physical development, nutrition and social skills for the child(ren).
<b>Undocumented Individual or Family:</b>	Includes immigration assistance and other support services associated with this need.
<b>Independent Living Skills:</b>	Includes skills that will enhance the family's ability to become self-sufficient and to secure and retain housing. For example, budgeting, use of community resources, housekeeping and landlord/tenant rights.
<b>Legal Services:</b>	Includes legal needs of the family, e.g., an order of protection.
<b>Substance/Alcohol Abuse:</b>	Includes services designed to address alcohol and substance abuse and dependency problems of the client and family.
<b>Community Ties:</b>	Includes the family's need to be located near or in a specific community, e.g., a specialized medical provider or employer.
<b>Domestic Violence:</b>	Includes services designed to address domestic violence issues. Where appropriate, consider interface with the social services district's DV Liaison.
<b>Mental Health:</b>	Includes services designed to address mental health issues.
<b>Other:</b>	Includes any special need (not addressed above) which impacts on the family's effort to become self-sufficient or to secure housing.
<b>Check Documents Needed:</b>	Enter a check mark in the appropriate box when specific client documents are needed.
<b>Date of Next Bi-Weekly Review:</b>	Enter the date of the next bi-weekly review.

**Expected Duration of THA:** Enter the date the client's Temporary Housing Assistance is expected to end.

**Client Responsibilities Statement:** The head of household must be advised of the family's responsibility to comply with the requirements for receiving Temporary Housing Assistance. These responsibilities are detailed further in Attachment A, Resident Responsibility Form.

**Client's Signature:** Signature of the head of the household.

**Date:** Enter the date signed.

**Staff Signature:** Signature of Case Worker.

**Date:** Enter the date signed.

**Other Adult Signature:** Signature of the spouse or other adult in the household.

**Date:** Enter the date signed.

**Supervisor Signature:** Signature of the supervisor.

**Date:** Enter the date signed.

**Comments:** Enter any additional information not explained above.

**Copy to File:** A copy of this plan must be placed in the family's case file.

**Copy to Client:** A copy of this plan must be given to the head of household.

**Page \_\_\_ of \_\_\_:** Enter the number of the page or pages attached to this plan. For example, "page 1 of 1".

**Temporary Housing Assistance (THA) Responsibility Form**

This form should be completed with the initial Service Plan /Independent Living Plan and revised when the income contribution of the family changes.